



ATTN: TIFFANY WISMER, ADMINISTRATIVE
SUPPORT ASSISTANT
CITY OF BETHLEHEM FINANCIAL SERVICES
10 E. CHURCH ST. BETHLEHEM, PA 18018
PHONE 610-997-7660 FAX 610-997-5004
twismer@bethlehem-pa.org

YEAR 2016

AMUSEMENT TAX RETURN FORM

I hereby state the following is a true and correct record of all amusements occurring during the period beginning _____, up to and including _____, in accordance with Article 304 of the Codified Ordinances of the City of Bethlehem.

Name of Applicant

Mailing Address

Place of Enterprise

Address

Report shall be due, respectively for each month, on or before the last day of the succeeding month

Month of Collection _____

TYPE OF AMUSEMENT	# OF TICKETS	AMOUNT COLLECTED SUBJECT TO 5% TAX	TOTAL TAX DUE
1			
2			
3			
4			
5			
6			

Photocopies acceptable for additional Admission listings

TOTAL TAX \$ _____

Penalty-(10% of amount due, if unpaid by the due date) _____

TOTAL TAX PAYABLE TO THE CITY OF BETHLEHEM \$ _____

I verify that the statements made herein are true and correct. I understand that false statements made herein are subject to the penalties of 18 PA. C.S. 4904 relating to unsworn falsification to authorities.

SIGNATURE _____

TITLE _____

DATE _____